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TECHNICAL
ASSISTANCE

**The Potential Role of Food Aid for
AIDS Mitigation in East Africa:
Stakeholder Views**

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Summary

Sub-Saharan Africa, the epicenter of the AIDS pandemic, is threatened by such reversals of long-term development efforts as sharply reduced life expectancy and increased infant mortality rates. More than 80% of AIDS deaths have occurred in Africa since the pandemic began, threatening the survival of already impoverished households. Increasing numbers of families and communities affected by AIDS face hunger and destitution as a result of a vicious cycle: adults with AIDS become less and less productive; other family members must care for them instead of working; thus households are increasingly incapable of growing food for their own consumption or to generate income.

In this context the U.S. Agency for International Development (USAID) is seeking to explore what role food aid might play in mitigating the AIDS emergency in Sub-Saharan Africa. Until recently most AIDS-related activities have focused on *prevention*. The issue explored in this research is *mitigation*; that is, under what conditions the provision of food aid might improve the living conditions of people living with HIV/AIDS (PLWHAs) and enable their families to avoid some of the most serious negative long-term consequences of coping with the disease.

The research presented here is based on a series of interviews with local and international organizations, government officials, and other stakeholders in Kenya and Uganda who are active in food aid, AIDS prevention and mitigation, or, in a few cases, both, as well as a review of relevant literature. Those interviewed were asked to express an opinion about the usefulness of food aid in the context of AIDS and how best to design a food-aid program in their respective country.

Most stakeholders agreed that aid in the form of food has the potential to help impoverished African households to cope with the crisis brought on by HIV/AIDS. The disease is unique in that it calls both for the type of humanitarian assistance offered as a response to emergencies, and constitutes a threat to long-term economic development, requiring a more traditional development-assistance response. Two potentially problematic issues were also raised frequently: how to avoid creating dependency on externally provided food and the lack of sustainability of programs that do no more than offer food. Among the suggestions offered most consistently by those interviewed, in terms of program design and avoiding negative consequences, were:

1. Food aid should be provided as part of a larger development “package” rather than as an isolated program.
2. Combining food aid with income-generating activities is a way to help households deal with their reduced access to food and to build self-sufficiency in households coping with the death of a family member from AIDS. However, such projects must take into consideration the special conditions created by AIDS (in particular the waning health of one or more adult family members), and the need to provide money management skills along with technical skills.

3. Targeting food aid is complicated by numerous factors, but is critical to the success of a food-aid program. Potential targets include, for example, PLWHAs, child- or grandparent-headed households, and AIDS orphans. The epidemic is so pervasive that targeting is one of the most difficult and sensitive issues to be faced.
4. Consultations with affected communities on how to structure, target, and deliver food aid should be sought during the planning stage of any food-aid program. Considerations such as the acceptability of a given food in a particular cultural context and the most effective delivery mechanism can be clarified by the input of community members.
5. Food aid programs should try to avoid politically motivated interventions.
6. Use of locally grown foods, in combination with food from external sources, can help avoid creating dependency on food aid.

The research also revealed that countries are at different points in their national response to AIDS, which has an impact on the type of programming that might be effective. While Uganda long ago accepted the AIDS crisis and began developing programs to confront it, Kenya has been far slower to acknowledge the depth of the crisis. Thus a program that works in Uganda might not be effective in Kenya, where AIDS stigma still prevails. This highlights the importance of treating each situation differently, in accordance with local cultural factors, when thinking through design options for food aid programs.

Finally, the stakeholders consulted recommended several new areas of research capable of enhancing efforts to design an effective food-aid program. More detailed research into coping strategies, differentiating between urban and rural settings, could help in the design of future programs. For example, while some households respond to AIDS by withdrawing children from school to utilize their labor and avoid paying school fees, others reduce the quantity or quality of food consumed so that children can continue their education. What affects this decision, and how can food-aid interventions encourage the latter response? Other research topics suggested included: the best combination of food and medications to enhance the quality of life for PLWHAs, food aid as a weaning food for HIV-positive mothers, and the relationship between malnutrition and HIV infection.

The authors hope that this exploratory research effort will help to inform policies and guide programmatic decisions related to AIDS mitigation in Kenya and Uganda, and elsewhere in Africa.

Preface

The purpose of this research was to explore the circumstances and conditions under which external food aid might enhance the coping strategies developed by households and communities in Kenya and Uganda in response to the HIV/AIDS epidemic. It is hoped that the findings will be useful to inform general policies and guide programmatic decisions related to the role of food aid in HIV/AIDS mitigation in East Africa and elsewhere in sub-Saharan Africa.

Cornell University undertook this research under sub-contract from the Academy for Educational Development, as part of the Food and Nutrition Technical Assistance (FANTA) Project. FANTA is a five-year initiative designed to maximize the impact of food security and nutrition programs of the US Agency for International Development (USAID), its partner organizations, and host governments in developing countries. FANTA provides an analytic framework and multisectoral technical assistance programs to address factors weakening household food security. Awareness and experience concerning the multiple impacts of HIV/AIDS on the food security of African households and communities has grown in recent years. The present study was motivated by USAID's interest in strengthening its response to the HIV/AIDS crisis in sub-Saharan Africa through its U.S. Title II PL 480 food resources by exploring the potential for integrating food aid into its portfolio of responses.

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1. Background: AIDS in Africa

Sub-Saharan Africa has become the epicenter of the AIDS pandemic. In 1999, the global number of PLWHA was estimated at 33.6 million, two-thirds of whom are living in Sub-Saharan Africa. More than 80% of all AIDS deaths have occurred in this region since the pandemic began, and the HIV prevalence rate has increased in both Kenya and Uganda, especially in rural areas where more than three-fourths of the population reside. Clearly, AIDS threatens to adversely affect many development gains made over the past few decades. It has already increased crude death rates, reversed improvements in adult life expectancy, and increased infant mortality rates.

A World Bank study of three African countries revealed a strong AIDS impact on food and nutrition at the household level. The heavy reliance of African households on food produced at home, and thus on the labor of family members, means that when one or more adults in the household is incapacitated by AIDS, the household has less food available. The Bank study found that poor families reduce food expenditures by as much as 32% within six months after the death of an adult family member, and one half of all AIDS-orphaned children under five were stunted (World Bank 1997). The relationship between AIDS and access to food is clear and undeniable.

Uganda is one of the African countries where HIV/AIDS was first recognized and was most severe, but the government responded early to the HIV epidemic. The sustained government commitment—supported by private voluntary organizations (PVOs), NGOs, church groups, and civil society—ensured that Uganda developed one of the most vigorous and far-reaching HIV prevention and AIDS mitigation efforts in Africa. National HIV prevalence in Uganda was 30% in 1992, but has leveled off at 12% in recent years. Nevertheless, AIDS is presently the leading cause of death among adults, and Uganda has the world's largest number of children orphaned as a result of AIDS (approximately 1.7 million). Demographic projections for the year 2010 in Uganda, taking AIDS into account, reveal the following trends: adult life expectancy will fall from 59.5 to 47.6 years; crude death rates will increase from 8.8 to 14.4; infant mortality will increase from 58.5 to 68.6; and under-five child mortality will increase from 92.2 to 120.6 (USAID and USDOC 1999).

Although many Ugandan communities are sensitized to the needs of people living with HIV/AIDS (PLWHAs) and willing to help out, their capacity to do so is limited by pervasive poverty, chronic lack of community resources, and persistent AIDS stigma in communities that are not adequately sensitized. HIV prevalence among certain groups in specific regions of Uganda ranges between 15% and 35%, and while the rate of new HIV infections is going down, the number of AIDS cases remains high (UNAIDS Uganda 1999).

Kenya is one of the nine African countries hardest hit by the HIV/AIDS epidemic. A total of 1.5 million Kenyans are presently HIV-infected—over 70% under 25 years of age—and 2.1 million are expected to be HIV positive by the year 2005. National HIV prevalence is 9%, but sentinel site surveillance reveals that prevalence is as high as 25% in some areas of the country (NASCOP 1998). Demographic indicators projected for the year 2010 in Kenya disclose trends similar to those of Uganda: adult life expectancy will drop sharply, from 69.2 to 43.7 years; crude death rates will more than triple, from 5.2

to 18.6; infant mortality will increase from 32.9 to 53.9; and under-five child mortality will skyrocket from 45.4 to 105.2 (USAID and USDOC 1999).

In contrast to Uganda the Government of Kenya, under the leadership of President Daniel Arap Moi, has been relatively passive in the fight against HIV/AIDS, and only recently made a commitment to break the “conspiracy of silence at all levels” (GOK and UNICEF/KCO 1999). In 1997, the government approved a comprehensive, multisectoral national HIV/AIDS policy that proposes to strengthen the infrastructure to manage sexually transmitted infections and opportunistic infections; enhance the implementation of health delivery services; strengthen community-based health care through the involvement of individuals, families, and communities; enhance collaboration with traditional health systems; and manage and coordinate HIV/AIDS programs using a multisectoral approach (USAID and IMPACT/FHI 1999).

However, AIDS stigma, which can lead to discrimination and violence, persists in Kenyan communities—a finding that has important implications for AIDS mitigation care and support programs. A recent study of HIV/AIDS counseling, testing, care, and support services in Nairobi concluded that the continuing stigma surrounding HIV/AIDS presents obstacles to collecting the data needed to design responsive care and support services (PC and FHI 1999:44). A dramatic example of the fear, stigma, and silence associated with suspected HIV/AIDS in Kenya can be seen in a recently completed in-depth profile of 72 adolescent orphans coming from AIDS-afflicted households of Rusinga Island in western Kenya. In this study, not a single orphan reported AIDS to be a cause of parental death even though they were able to describe symptoms associated with HIV disease. Additionally, no orphan in the study claimed that he or she was told by a surviving parent, another relative, or a health official that the death of a parent was in any way associated with AIDS, and these orphans reported very little help and assistance from non-family members during parental periods of sickness (Johnston and Ferguson 1999:volume II).

Two types of activities are generally employed with regard to HIV/AIDS, in Africa and elsewhere: *prevention* activities usually involve HIV testing and pre- and post-test counseling; *mitigation* activities are the care and support services AIDS-afflicted and -affected households and communities.¹ Such activities may include the provision of food, housing, clothing, health and psychological care, medications, grief counseling, and the promotion of income-generating activities or to enhance economic opportunities.

A recently published report, *A Review of Household and Community Responses to the HIV/AIDS Epidemic in the Rural Areas of Sub-Saharan Africa* (UNAIDS 1999b), discloses the results of a survey conducted by the U.S. National Research Council among 75 nongovernmental organizations (NGOs) in six African countries (Cameroon, Côte d’Ivoire, Kenya, Tanzania, Zambia, and Zimbabwe). Two-thirds (65%) of the NGOs indicated that AIDS *prevention* was one of their goals or objectives, but only one-third (32%) identified AIDS *mitigation* as a goal. The report concludes that AIDS mitigation is not receiving the support and attention it deserves, especially in hard-hit countries where

¹ An AIDS-afflicted household is one with multiple ill or deceased members; an AIDS-affected household is one in which the death or illness of a family member has meant loss of cash, labor, support, or the addition of orphans. (Barnett and Blaikie 1992).

increasing numbers of households require support. The focus of the research presented here is the potential impact of food aid as a *mitigation* activity to support AIDS-affected and -afflicted households and communities.

2. Food Security and HIV/AIDS

USAID defines people as being "food secure" when they have regular access either through production or purchasing power to sufficient food for a healthy and productive life. Most food security initiatives address at least one of these three components:

- *Food availability* (when sufficient quantities of food are consistently available to all individuals within a country supplied through household production, commercial imports, or food assistance)
- *Food access* (when all members of a household have adequate resources to obtain appropriate food for a nutritious diet which depends upon the income available to and distributed within a household as well as the price of food)
- *Food utilization* (the proper use of food which relies on the knowledge within a household of food storage and processing techniques, basic nutrition principles, and proper childcare) (USAID 1995).

Relevant literature and analysis derived from the present study indicate that all three aspects of food security are threatened in Kenya and Uganda for the poor population in general, and exacerbated considerably by the presence of AIDS in a household. When one or both adults are ill, the result is a drop in household production and income due to the reduction in the household labor force and a shift in spending from food to medicine, affecting *availability* and *access*. Moreover, families often purchase poorer quality, less nutritious food as incomes shrink, affecting *utilization*.

Food Security in Kenya and Uganda

Kenya has the strongest economy in the Greater Horn of Africa and serves as the region's trading and commercial hub, providing sea access for many landlocked countries. Kenya's economy depends heavily on agricultural production, especially maize. Although the country is considered to be "food secure" at the national level, poor households—some 46% of the population of 21 million—have reduced access to food due to a combination of small plots and low incomes. In recent years, moreover, drought and floods have adversely impacted certain regions of Kenya, thereby jeopardizing overall food availability in affected areas. Due to the most recent drought, the UN Food and Agriculture Organization announced in its 1999 report on food supply and crop prospects in sub-Saharan Africa that Kenya was one of 16 African countries experiencing a "food emergency" (FAO/GIEWS 1999).

A 1994 participatory poverty assessment undertaken in eight districts of Kenya (with special attention to urban Nairobi) provides insight into the overall food security situation of the country. Taking into account all study districts, the study found that the main reported sources of income are from subsistence farming, odd jobs, and remittances from relatives. (UNICEF/ODA/AMREF 1995). The assessment revealed that although food is available, poor residents cannot afford it. The report links economic stress to seasonal variation of food intake. The most difficult period for the poor tends to be between December and May when food stocks, employment opportunities, and income are lowest. During these times Kenyans often migrate to tea estates or other possible sources of seasonal employment, do odd jobs, or rely on government food donations. They also resort to eating less, diluting food with water, omitting salt and sugar from their diet, and withdrawing children from school to avoid paying fees. When desperate, poor people in Kenya will also beg, steal, teach children to steal food, and gather wild foods (UNICEF, ODA, AMREF 1995).

According to a 1996 survey on food security and exports conducted by Uganda's Export Policy Analysis Unit of the Ministry of Finance and Economic Planning, the country is food-secure at the national level. Nevertheless, the survey showed that food insecurity exists in some regions, especially at the household level (Rwampororo 1998). Drought, civil strife, and low levels of development in the mostly subsistence-level agricultural sector are key factors threatening food security.

Agriculture is the mainstay of the Ugandan economy; it accounts for 51% of gross domestic product, generates 90% of export earnings, and employs 80% of the labor force. Major cash crops produced are coffee, tea, and tobacco; staple crops include green bananas, cassava, millet, sorghum, maize, sweet potatoes, beans, peanuts and sesame. Women produce 75% of the food in households, comprise 86% of the labor force, and are thus directly responsible for household food security. In Uganda and other African societies, women also play a key role in holding families together and providing nonformal health care. Without women, both access to food and the financial burden of formal health care would drastically increase (Rwampororo 1998).

Ugandans face some of the world's highest poverty levels. More than 90% of the population live on less than US\$2 a day, and poverty appears to be the major obstacle to food access. Stakeholders interviewed noted that food insecurity is a chronic problem for the very poor, and that the growth stunting observed among Ugandan children is an indicator of chronic malnutrition, often resulting from the selective distribution of food within households. Food insecurity is also a factor in Uganda's northern refugee camps, populated by some 165,000 Sudanese, Rwandan, and Congolese refugees and large numbers of internally displaced Ugandans. Stakeholders pointed out that Uganda's increasing political stability is drawing more and more refugees, which puts a strain not only on food supplies and basic services, but also raises concerns about the spread of HIV.

Impact of HIV/AIDS on Food Security

When the effects of HIV/AIDS are taken into account, an even starker picture of food availability, access, and utilization emerges in both Kenya and Uganda. Stakeholders interviewed for this report described the vicious circle whereby AIDS reduces the food security of PLWHAs. People have less

energy when they become sick, and cannot work the land. At the same time, their demand for food increases. Family members spend time caring for the person with AIDS, and invest their scarce resources in medicine and care. In a short period of time, this process results in a sharp drop in agricultural production. When the family member dies, agricultural plots have often been ignored and the household faces hunger and impoverishment.

This perspective was shared by a seasoned representative of the AIDS Control Program in the Ugandan Ministry of Agriculture, Food, and Fisheries. Speaking of an area where the green banana staple, *matooke*, is grown and where the AIDS epidemic has fully matured, he noted:

“In the last decade, where parents of families have died as a result of AIDS in the region around Kampala, households cannot cope with growing *matooke*. *Matooke* needs careful tending. Buganda was once a major area of growing this staple crop for other regions of the country, but now must bring *matooke* in from other regions. Also, poor agricultural practices such as overgrazing, pests such as weevils (which multiply fast), and lack of technical knowledge (when parents die) contributes to the difficulty in raising crops such as *matooke*.”

A similar pattern may emerge in other sectors and areas of the country where the AIDS epidemic has not yet peaked. The food-processing industry, for example, could be threatened as skilled laborers die from AIDS. This potential problem was addressed by the Kenyan organization NASCOP, which points out that AIDS tends to reduce the size of the experienced labor force, especially when children are pulled from school to care for younger siblings; raise labor costs; and reduce savings and investment, as families sell off assets (animals, tools, or land) to pay for medication and funerals (NASCOP 1999).

3. Coping Strategies Used by Households and Communities to Mitigate the Impacts of HIV/AIDS

Communities and households cope with HIV/AIDS in a variety of ways. The coping strategies adopted by households, on farms, and in the marketplace were the subject of an extensive study in Uganda (Barnett and Blaikie 1992). At the household level, changes were observed in: *household structure* (families splitting up, the addition of dependent or productive members); *domestic work organization* (redistribution of workloads among household members); and *quality of life* (poorer diets due to a restricted range of food or less time to prepare food, poorer housing due to less time or money for repairs, and restricted access to education). Alterations in farm work organization and practices have also occurred (hiring labor, decreasing the farmland cultivated, and switching from cash crops to subsistence crops). In the market, changes in cash income are attributed to loss of remittances, loss of cash income due to time spent on domestic or farm work, and the sale of food crops.

Three Main Strategies

A recent and timely review of existing literature on household and community coping responses to HIV/AIDS in sub-Saharan Africa provides a useful framework for discussing the specific findings of this research. The study is based on a review of strategies employed in several east and southern African countries, including Uganda but not Kenya. The report identifies three main coping strategies: those that aim to *improve food security*, those that work toward *raising and supplementing income* to maintain household expenditure patterns, and those that aim to *compensate for the loss of labor* (UNAIDS 1999b).

Certain coping mechanisms identified have *negative* repercussions, such as reducing food consumption or substituting less nutritious foods, selling assets, using savings and investments to pay for basic needs and medical care, and withdrawing children from school. While some of these coping strategies can be reversed, withdrawing children from school is an example of an often irreversible, short-term coping strategy that has long-term negative consequences. Some coping strategies can potentially produce *positive* outcomes such as income and/or crop diversification and adopting labor-saving technology (UNAIDS 1999b).

Many of these coping strategies were identified collectively by the stakeholders interviewed in Kenya and Uganda. For instance, food reduction and substitution are strategies employed by PLWHAs, even though their need for nutrient-dense foods actually increases as a result of advancing HIV disease. Respondents in both countries identified the need for PLWHAs to receive foods that are calorically dense, have a high quality protein, and if possible, be produced locally. Nonetheless some stakeholders noted that sources of high protein foods (e.g., chickens and cows) are often sold off by households to pay debts incurred as a result of the impact of HIV/AIDS.

Women and Children

Many of the coping strategies identified, especially among women, were related specifically to children: feeding and educating children within families, and arranging for protection of orphaned children of HIV-positive parents. The participatory poverty assessment conducted in Kenya found that impoverished parents are preoccupied with protecting their children and finding money to pay their school fees. Increased poverty and escalating school costs have resulted in a quadrupling of school dropouts in most of the districts surveyed (UNICEF, ODA, AMREF 1995). Parents' priorities are intensified by the stress of HIV/AIDS. One study involving in-depth interviews with ten ASOs in Nairobi indicated that one of the most important needs expressed by HIV-positive women was a regular source of income to meet their everyday needs, care, and to assure that their children will be taken care of in the future (PC and FHI 1999).

Moreover, many HIV-positive women participating in the Kibera community self-help program, which targets slum dwellers from nine villages in a section of Nairobi, reported that they engaged in commercial sex as a way to feed and educate their children, a practice that also increases the risk of their contracting and transmitting HIV (PC and FHI 1999). A separate study conducted among

orphaned adolescents in western Kenya corroborates this practice. Rusinga Island is a poor area where few cash crops can be grown successfully and, apart from remittances, most families get cash income directly or indirectly from fishing. On the fishing beaches one can get rice and beans—a quality meal considered to be superior to the staple diet of maize. Rice and beans are imported fisherman's food, and young girls realize that this type of meal (as well as cash) can be secured in return for sexual favors. On Rusinga Island “rice and beans” is a common euphemism used by fishermen to offer a girl food or cash in return for sexual services (Johnston and Ferguson 1999:volume III).

Another, similar example can be found in the Kisumu district of Kenya, which is bisected by a branch of the trans-Africa highway system. The increasing numbers of street children, child prostitutes, and beggars observed in Kisumu appears to reflect a coping mechanism by groups that have become vulnerable as a result of HIV/AIDS such as orphans, widows, and the elderly (UNICEF, ODA, AMREF 1995).

HIV-positive parents in Uganda are equally concerned about future planning for their children, and may forego eating or substitute lower quality food to pay other expenses such as school fees. An ASO that distributed eggs to PLWHAs found that frequently the eggs were given to children, not consumed by the PLWHA. Another respondent noted that households with PLWHAs often pay school fees before purchasing quality food for the PLWHA, “knowing that at the end of the day it is education that is going to save their children.” Food aid could help to alleviate both situations.

While school fees and internal household food distribution are household issues, the problem of orphaned children often becomes a community problem. The 1999 UNICEF *Progress of Nations* report describes the magnitude of the orphan crisis that will eventually unfold: HIV disease has presently left 8.2 million children without a mother or both parents—the majority of them in sub-Saharan Africa—and the numbers are expected to reach 13 million by the year 2000, of whom 10.4 million will be under the age of 15 years. Uganda, with an estimated 1.7 million children who have lost their mother or both parents to HIV/AIDS over the course of the epidemic, was recently recognized as having the largest AIDS orphan burden in the world (Mukwaya 1999). In Kenya, 600,000 children will have lost one or both parents to AIDS, and there may be at least one million AIDS orphans by the year 2005 (USAID and FHI 1999, NASCOP 1998).

Neither Kenya nor Uganda has yet developed a comprehensive strategy for dealing with AIDS orphans, although some coping mechanisms can be identified. One of the main AIDS-specific coping mechanisms is parceling out children to friends and extended families. Stakeholders pointed out, however, that some children have nowhere to go and end up on the streets, while others are exploited as servants by the families that take them in.

Community Coping Mechanisms

PLWHAs who remain in urban areas often have better access to work, treatment, and counseling than those in rural areas. However, in some instances, it is better for PLWHAs to return to their village,

where they can work on the land if they still have energy, or be taken care of by family members. Many Ugandan communities are already sensitized to the needs of PLWHAs and are willing to help out, usually by offering food, often through churches or health centers. Nonetheless, they are constrained by pervasive poverty, a chronic lack of resources, and even by stigma in communities not adequately sensitized. One NGO respondent noted that the help most rural communities are capable of offering has a “cut-off” point, after which assistance is needed from other sources. The same is true of childcare: neighbors are willing to help out, but cannot offer sustained help in the long term. Food aid programs could be designed to help in both these situations, by providing food to afflicted and affected households and to neighbors caring for children of PLWHAs or orphans.

4. Current Projects and Initiatives Utilizing Food Aid

Food aid can serve many purposes; it is generally offered either for humanitarian relief during emergencies (ACC/SCN 1993; World Bank and WFP 1991), or as a component of development projects. Food aid has been found to benefit the poor directly through supplementary feeding programs, and indirectly as an economic resource when used as a payment for Food for Work (FFW) projects. Nonetheless, food aid is a controversial form of development assistance, in part because of the alleged political and commercial motives that sustain its flow; its potential to create dependency by undermining incentives for local food production and marketing; and the possibility of biasing taste preferences toward imported food commodities, especially wheat and rice (ACC/SCN 1993; Adedeji 1991; World Bank and WFP 1991).

Africa is recognized as having the potential to feed itself, given the rich resources of land and water that could be tapped to expand agricultural production, yet the numbers of hungry and malnourished are projected to approach 200 million by the year 2000. (World Bank and WFP 1991). Some analysts argue that the path to food self-sufficiency will take time and, in the interim, external assistance—including food aid—is required.

Others, however, maintain that development projects have done little to stimulate agricultural production and, instead, have strengthened the colonial-era trend of using Africa’s food resources and wealth for overseas markets. They believe that food aid is too often presented as a solution, rather than a short-term tool for addressing temporary shortfalls (Rau 1991). In order for food aid to help promote development in sub-Saharan Africa (which has absorbed the largest share of such aid during the past two decades) critics argue that the region must improve national food markets and foster local development. These analysts argue that to address hunger, food aid should be designed to support increased local productivity, reduce market instabilities, redistribute access to work or other social bases for gaining access to food, and create or strengthen institutions that would sustain such changes (Ruttan 1993).

Use of Food Aid for Development Purposes

The majority of U.S. Title II PL 480 food aid used for sustainable development projects in both Kenya and Uganda is monetized. Once the food has been monetized, funds are given to PVOs or NGOs to

support development programs. Stakeholders familiar with the food monetization process generally felt that there is no need for additional food aid to be brought into the countries for development purposes, and that governments actually create tax disincentives for doing so. One bilateral donor agency representative declared:

“Bringing in food to benefit a small sub-population that is affected by AIDS (even for long-term development purposes) could have detrimental effects for the larger population. A justification analysis must be conducted before this would be allowed and [generally speaking] Bellmon analyses¹ are taken seriously....The most viable way to promote food security is to help small farmers increase their production and marketing of locally produced foods, like maize and beans.”

Use of Food Aid for Humanitarian Purposes

Food aid is also provided for emergency purposes, to give immediate relief to populations affected by natural disasters or civil conflict. Nearly all of the U.S. Title II PL 480 food aid currently brought into foreign countries and distributed *directly as food* is tax-free when it is used for humanitarian or emergency purposes, often through FFW) projects. In Kenya, only a few stakeholders interviewed were familiar with FFW projects; knowledge about linkages with these projects to benefit AIDS-afflicted or AIDS-affected households or communities was also limited. Several respondents noted that the German bilateral organization, Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) had ongoing FFW projects in Kenya, but expressed concern that PLWHAs would be too weak to participate, and children might be pulled out of school to work.

The WFP country office in Uganda receives about 30% of U.S. Title II PL 480 food resources, which are distributed in the northern and western regions to IDPs (Ugandans and refugees from neighboring countries). The WFP country office coordinates several FFW projects and works in partnership with PVOs and NGOs to reach populations residing in the areas of civil conflict. The stakeholders involved with these FFW projects expressed the belief that these programs are a useful way to bring people together to work on projects that benefit the entire community and improve the economic situation by strengthening income generating activities. Another benefit highlighted is that these initiatives improve the infrastructure by rehabilitating schools, bridges, and roads that have been damaged during the conflict which are then used to transport locally produced commodities to newly created markets.

The Ugandan WFP office has been involved with a few initiatives using food aid as a development tool to benefit PLWHAs. For instance, it has recently completed a pilot project that provides food to local NGOs and international PVOs serving AIDS orphans living on the streets of Kampala. This small-scale

¹ A Bellmon analysis is included in all proposals submitted to the USAID Mission by cooperating sponsors indicating that a commodity is suitable for monetization or distribution in a country, adequate storage is available in the recipient country, and import of the commodity will not result in a substantial disincentive to interfere with domestic production or commercial marketing of the commodity in that country. The USAID Mission makes a determination on the adequacy of the analysis, subject to final approval of all aspects of the proposal by the USAID Food for Peace Office in Washington, DC.

project reached a few thousand orphans by using food to attract them off the streets and into vocational programs to gain skills in carpentry and masonry.

Moreover, the WFP country office recently created an Agriculture, Support, and Marketing Unit that purchases 50,000 tons of locally produced food (valued at US\$24 million) from NGOs and small farmer associations, instead of large donors, but only if the growers meet certain standards. This unit also provides seeds and tools to women's groups to enhance their economic potential. Although the Ugandan WFP office would like to be able to use food aid more often for development programming, it is constrained by the executive board of 30 donor governments from doing so on a larger scale, because the primary mission of this UN organization is "using scarce food resources for emergency situations."

Use of Food Aid in Kenya

The extent to which direct food aid is distributed to AIDS-afflicted and -affected groups was unclear from the stakeholder interviews conducted in Kenya. Several care and support organizations in Nairobi indicated that food supplementation and feeding programs are part of a variety of services provided to PLWHAs and their families. Limited feeding programs are provided for newly diagnosed HIV-infected patients with TB in some areas, usually consisting of cooked rice, beans and vegetables. Local NGOs sporadically provide food commodities such as maize, rice, beans, soy or maize flour, and cooking oil to needy families as resources become available. However, many of these local NGOs depend upon agencies to donate food regularly (PC and FHI 1999:35) and the source of this donated food—locally produced or imported—is unclear.

The Kenya AIDS NGO Consortium (KANCO), which works with approximately 500 NGOs engaged in HIV/AIDS-related activities throughout the country, recently compiled and distributed guidelines for home-based care and HIV/AIDS. The guidelines include a section containing nutrition recommendations and emphasize the importance of "developing food and nutrition guidelines that can make a difference and that are sustainable in resource-poor countries." (KANCO 1998). The guidelines also include the results of a 1998 study consisting of qualitative interviews conducted among 20 PLWHAs who received home-based care services. The following conclusions were drawn concerning the special food and nutrition needs of this PLWHA population, based on an evaluation of these services:

- Home-care recipients benefited from a variety of services, including food donations
- Recipients universally described being able to eat the foods they enjoy most as being one of the greatest advantages in receiving home-based care
- At the hospital, poorer PLWHAs were often unable to buy food and other basic supplies, which led to considerable discomfort.
- Almost every respondent endured long and painful waiting periods when family members took too long to provide them with food, cleaning, medication, or other essential care.
- Respondents who lived below the poverty line emphasized the importance of free or low-cost medical kits, food, clothing, and in one case, drinking water. This material assistance was described

as being particularly helpful at times when PLWHAs were unable to work or provide meals for their families.

Use of Food Aid in Uganda

Most Ugandan stakeholders see an important role for food aid in the lives of PLWHAs and their households, particularly to relieve the economic burden of households headed by single females, grandparents, children, and adolescents. Food aid is also perceived to be a way to improve the quality of diets of PLWHAs and other household members, to enhance social and psychological well-being, and to serve as an incentive to attract PLWHAs into health care and support services.

Until quite recently, one PVO was the major distributor of 8,000 tons of tax-free European Union food annually to an estimated 95 hospitals and health units treating AIDS patients as well as NGOs serving PLWHAs. The commodities distributed were cooking oil, rice, beans, maize flour, sugar, millet, and powdered milk. Food distribution is seen as a useful means of mobilizing communities, which distribute the food; improving the quality of life for PLWHAs by offering more food and some variety in their diets; and attracting PLWHAs into treatment programs by offering a meal and, in some cases, a food basket. Nonetheless some in Uganda expressed concerns about the quality and quantity of the food provided. The quantity of food is not always sufficient because it is shared among many family members, and donated foods are not always culturally acceptable or what the household needs most (such as powdered milk). Information about the handling and preparation of unfamiliar foods is not always provided. Concern was also expressed about the quality of the food and the proximity to expiration dates with which it is sometimes received.

Most debate over the pros and cons of food aid evolved in a context other than that of the HIV/AIDS pandemic. While the arguments should be taken into consideration in the design of food aid efforts, it must also be recognized that HIV/AIDS constitutes a long-term emergency situation. Some stakeholders feel that the nature of the emergency and threat to long-term development justifies the implementation of programs to alleviate food insecurity in affected and afflicted households and communities. At the 11th International Conference on AIDS and STDs in Africa, held in Lusaka, Zambia, in September 1999 it was acknowledged that PLWHAs—frequently the family’s primary income-earners—and their immediate and extended families require mitigation support. Such support will be necessary not only as PLWHAs progress to a more advanced stage of AIDS and become physically debilitated, but even following their death to promote the well-being of surviving family members.

5. The Potential of Food Aid to Assist AIDS-afflicted and AIDS-affected Households and Communities

More than three quarters (78%) of the stakeholders interviewed agreed that food aid could play a useful role in mitigating some of the impacts experienced by AIDS-afflicted and AIDS-affected households and communities (13 out of 17 in Uganda; 8 out of 10 in Kenya). Most stakeholders also agreed, however, that food aid should be offered as part of a larger development package whenever

appropriate—including, for example, income-generating projects, technical assistance, agricultural inputs, and nutrition education—in order to avoid the two main undesirable outcomes foreseen: dependency and lack of sustainability. Many stakeholders also stressed the importance of local input into project design of food aid efforts to improve the effectiveness of targeting, and greater flexibility on the part of donors in regard to the distribution of food aid. The box on page 15 reflects some of the comments made by stakeholders on the potential role of food aid and conditions for its effectiveness.

Income-Generating Activities/Programs

Incorporating income-generating activities (IGA) into food aid programs was one of the suggestions made most consistently by stakeholders interviewed for this report. When food aid is presented to the community as a short-term strategy combined with development-related IGA, stakeholders believe that it is more likely to build self-sufficiency and reduce external dependency. Most stakeholders recommended that food-related IGA that require minimal start-up capital and can be managed by women and children—such as raising chickens, beekeeping, or vegetable and dairy production, be coupled with food aid. One ASO program evaluation found that nearly one-third of PLHWAs expected and valued material assistance, while close to 60% identified capital to start an IGA as a means to improve their care and support at home. (TASO and WHO 1995).

The same evaluation found, however, that the overall performance of IGA in promoting self-reliance among PLHWAs was low, mainly because of the lack of start-up capital and adequate supervision and an absence of clear policy. The evaluation identified a need for greater flexibility among donors to allow the mode and criteria for distributing material assistance to be established by local NGOs who should play a key role in identifying target groups and optimal channels of distribution of food and other externally provided resources (TASO and WHO 1995).

Experience with IGA in Uganda and Kenya reveals that the potential for AIDS-afflicted and -affected households to save money increases when the following points are considered:

- IGA are brought into the community under a management team that can help distribute the money
- People receive adequate business and money management skills
- IGA are targeted to healthy people in the community or family, rather than the PLWHA, to ensure that income is not all used for treatment
- Activities requiring minimal start-up capital should be prioritized
- Diversification of food-related IGA

The philosophy of the implementing agency on recovering loans should be scrutinized. Is the activity or project perceived as charity or development-related work? One stakeholder experienced in implementing IGAs with communities affected by AIDS described how they might work to improve food availability.

“PLHWAs who are strong can earn a living by growing food, and the food that is grown there can go to the very sick people who cannot work. We can also have

animals such as cattle to get milk or make yogurt, and can sell what isn't consumed to generate an income to support those who are very sick. From there, we can extend support to other households. When our cows produce, we give a cow to a different household through the Heifer Project. The funds can sustain the project. On a small scale, beekeeping is going on and represents another IGA. Honey is nutritious and the wax is useful to make candles and shoe polish to raise money that can supplement the well-being of PLWHAs."

A recent experience in Uganda is instructive in regard to the relative importance of food aid versus IGAs. The external evaluation of a European bilateral PVO—the primary distributor of an annual 8,000 tons of tax-free European food to an estimated 95 hospitals and health units treating AIDS patients and NGOs serving PLWHAs—recommended that food aid be phased out and the PVO shift to promoting IGA, which would have a greater likelihood of promoting sustainability (Weir 1999).

Stakeholder Comments on Food Aid for HIV/AIDS Mitigation

“Food aid can be useful to allow PLWHAs to have the energy to plan for their future. When accompanied by universal voluntary HIV testing, PLWHAs can use it as part of their planning efforts in preparing them and their families for the next few years.”

“There is a role for food aid to help vulnerable groups such as orphaned children...but the food aid needs to be presented when the calamity has occurred (when a parent is sick or has just died), and as a package with vocational skills for children who drop out of school...”

“In Uganda we need to train people in how to use the food and increase the variety of food. As far as rice and vegetables, people can get these. A complement of food, along with income-generating activities and technical assistance or training of village people, should be packaged.”

“Any possible future food aid would need to be a small and judiciously targeted but an integral part of a complete development package, rather than the mainstay of a program as has been the case in the past.”

“If food support is planned (e.g., given in a certain time-frame, then phased out) it can work, otherwise it will destroy initiative.”

“A key point of the [Ugandan] national debate is that food aid, which has proven to be effective, should not be withdrawn suddenly, but rather should be phased out gradually as other forms of support for AIDS patients and their families are introduced. The Uganda AIDS Commission is concerned that the future requirements of orphans may need to be addressed partially through food aid, and sees a continued and important role for food aid at least in the medium term.”

“Communication and collaboration is essential at all levels (national to sub-district) for food to be successfully delivered to intended recipients.”

“It is also necessary to help family members intensify their growing of crops....Can we bring in implements (tools and seeds) that will help them get food in the future? That will work in a rural area where people have land.”

“We need to be helped with how we maintain our food security. How should we plant gardens? People have land but don’t have the mechanisms for producing food (e.g., agricultural extension, seeds). If we are encouraged to continue to grow food, are taught how we can get better yields, and are given the good seeds to plant—that will help.”

“Food aid, as a tool for mitigating the adverse impacts of AIDS, need not have a negative impact if it is presented in a planned and comprehensive manner. People need to know it is transient and that it will be accompanied by IGAs and clear direction as to who will operate the IGAs.”

“Can ...money from monetized food [be used] to work with local farmers so that local food is used

The food distribution program was initially designed to be complemented by IGAs, but due to funding shortfalls, this component did not take place; thus activities were confined to supplying and monitoring food aid. The evaluation (Weir 1999) pointed out that food aid contributes to dependency, and without alternatives in place the termination of food aid would leave the clients no better off than before. It urged that the PVO shift its emphasis from the short-term humanitarian goal of helping PLWHA to a more long-term development goal: assisting surviving families, especially children, to be healthy and productive.

It is important to note, nonetheless, that the evaluation saw a useful short-term role for food aid, as part of a more comprehensive development package. This last recommendation echoes the opinions of most stakeholders surveyed for this report, representing a sensible mid-point between one end of the spectrum (all food and no IGA) and the other (all IGA and no food).

One additional point regarding income-generating activities (IGA) emerged from research by Women Fighting AIDS in Kenya. This group found that women overwhelmingly wanted to undertake individual, rather than group, IGA because they felt that their children might not benefit from a group activity if they died (PC and FHI 1999). Individual IGA were also favored by AIDS-afflicted families in Uganda (Weir 1999).

Identifying and Targeting Vulnerable Groups

Virtually all stakeholders who saw a role for food aid felt that programs should be preceded by analysis of the community's particular needs and characteristics, as well as consultations with community members to identify the most needy target beneficiaries and discuss delivery channels. Food aid for PLWHAs and AIDS-afflicted or AIDS-affected households in Uganda, for example, is complicated by the fact that nearly every family has been touched by HIV/AIDS, and most would like to receive—and could benefit from—food aid. The challenge is to reach consensus on who should be selected for assistance.

A number of potential target groups requiring special food assistance were identified by stakeholders in both countries. The vulnerable groups include: PLWHAs, widows, orphans, street children, child- and adolescent-headed households, youth, female-headed households, female adolescents, elderly grandparents caring for orphans, sex workers, and imprisoned or hospitalized PLWHAs. The rationales for these choices were that PLWHAs need high quality food to remain productive; children are at risk for physical and intellectual stunting without adequate food; single women supporting their own and relatives' children may engage in transactional sex to feed their families, thus increasing their risk of HIV/AIDS infection; and grandparents caring for orphans may be too old to support them.

Some ASOs in Kenya work through targeting specific groups, such as out-of-school youth, orphans, destitute street children, commercial sex workers, and *matatu* (mini-van) drivers. Others, however, provide AIDS care and support in communities so destitute that it has become difficult to select a particular target group (PC and FHI 1999). Kenyan stakeholders pointed to some possible pitfalls of

targeting communities broadly with food aid: (a) targeting according to HIV/AIDS criteria could result in stigmatizing certain communities, (b) selecting any geographic area for targeting could result in disparities with other communities that also suffer from HIV/AIDS, and (c) poverty is so widespread and need for food so great that it is very difficult to target selected groups effectively.

Among the suggestions made regarding targeting criteria were:

- Integrate food aid with health care and social support programs
- Let communities play an important role in establishing targeting criteria
- Target food aid to children and youth

Especially in Kenya, where AIDS stigma prevails, a few stakeholders mentioned that data-based proxy indicators might be useful to target food resources, as described by this IGO stakeholder:

“At the start of each program cycle we do a situation analysis, which gives us an idea of priority areas, based on data. When it comes to implementing...we split the country into the districts that have the highest indicators for child mortality, poverty, maternal mortality, and then we choose certain districts based on the funding that we expect to receive. We have targeted some districts because child labor is high. In others, HIV is high...”

Data-based indicators may include regions with a high prevalence of HIV, child and maternal mortality, and poverty. Additional indicators mentioned by other stakeholders are infant morbidity and a high prevalence of TB. Proxy indicators that might reveal need at the household level include households that have lost a productive member, reduced household assets, and a large household dependency ratio. One implication of targeting based on this approach, however, is that food aid would be provided to blanket target groups in entire regions or districts through schools, clinics, and other channels, which may produce unintended consequences, such as dependency.

Another potential target group identified by stakeholders in both countries was family members who survive the death of an income-earner in the household. At present, when PLWHAs enrolled in home-based care programs die, the remaining household members often cease to qualify to receive food or other benefits. It was suggested that food aid programs be designed to include mechanisms to permit surviving family members to receive support and assistance until they develop new sources of income.

Dependency and Sustainability: Stakeholder Views

As has been alluded to previously, stakeholders in both countries expressed concern regarding the potential of food aid to create dependency, and to displace or prevent activities that could promote sustainability. Among the points made were the disproportionate cost of imported food aid, the dependent mentality it tends to create, and the use of food aid as a political tool. Stakeholders pointed out that: a ton of food aid imported to Uganda costs 12 times more than if food were produced nationally; when food aid is perceived as a handout, men may stop assisting with agricultural production; and food aid has traditionally been used by politicians to favor certain areas or gain support.

The effects of U.S. food aid on recipient-country agriculture and national food security have been fiercely debated. Among the claims are that food aid: (a) depresses local food prices and therefore local producer incentives and economic growth, (b) substitutes for commercial food imports, thereby providing balance of payments relief, and, (c) stimulates long-term recipient-country commercial food imports, thereby developing markets for exporters, including the donor country. The most comprehensive empirical study to date of these claims with respect to Title II PL-480 (Barrett, Mohapatra and Snyder, 1999), using a 35-year span of data on 18 Title II PL-480 recipients, finds strong support for claims (b) and (c) but none for (a). Food aid receipts per capita have only a negligible effect on food production per capita in recipient countries, either contemporaneously or in the future, according to this study. The basic reason appears to be that food aid's effects on factor markets (imported inputs, such as inorganic fertilizer or equipment, and for labor) and on product markets (the foodstuffs) have opposite effects on producer incentives (Mohapatra, Barrett, Snyder and Biswas 1999). Food aid increases food availability in recipient economies, but 30 to 60% of food aid shipments displace commercial food imports that would otherwise occur, relieving hard currency constraints facing recipient countries (Barrett forthcoming).

Several stakeholders urged that food aid be examined within the broader context of care, support, and impact-mitigation necessitated by the AIDS crisis. They pointed out that dependency is an inevitable outcome as HIV disease progresses, but it is distinctly different from the dependency created by direct food-aid handouts to healthy populations. Among the comments were the following two:

“Food aid has played a critical role in the history of Uganda (e.g., the 1979 drought). In regard to its potential use to mitigate the effects of AIDS...in the early stage of AIDS, food aid may be needed, just like a blanket is needed in a later stage. It is important not to institutionalize it. We know the politics behind food aid and the negative effects in the marketplace. But AIDS is a situation where there may be no support at all and something must be done to assist. Food aid must be introduced so it is affordable, acceptable to recipients, and in the long run, replaced when possible with locally produced foods.”

“There needs to be a delicate balance to prevent communities from becoming too dependent, especially the orphans who are the next generation. The idea that someone else out there, like PVOs or IGOs, are responsible for communities should be debunked.”

The incorporation of food aid into a broader development package that includes income-generating activities, to improve food security at the household level, is viewed by stakeholders as an important step toward overcoming dependency and contributing to sustainability.

Dependency and Sustainability: Literature Review

The concepts of dependency and sustainability—particularly with reference to promoting food security in sub-Saharan Africa—are addressed in some of the literature reviewed.

Prendergast (1996) draws upon the experience of countries in the Greater Horn of Africa (including Uganda and Kenya) to describe how humanitarian assistance can contribute to peace building. When food aid is provided within a humanitarian context, to assist in situations of complex emergencies, Prendergast asserts that the most constructive use of resources is to apply them to *helping communities adapt to chronic crisis and manage change*. These goals are best achieved by restoring or protecting the survival or subsistence economy and building and supporting indigenous capacity and community structures. This strategy is consistent with the notion of providing food aid to PLWHAs and their families as part of a larger development package aimed at building long-term survival skills.

The same author warns that agencies must seek to ensure that their interventions do not prevent the growth of indigenous capacities or forms of social organization. In the context of emergency programming, many opportunities to support indigenous nongovernmental forms of social organization arise. Traditional kinship and self-help mechanisms are often the primary contributors to a community's survival in the context of a complex emergency. Efforts that focus on “empowering dispossessed elements,” such providing rehabilitative inputs to women's groups and female head of households—especially in the context of complex emergencies where women shoulder an even greater burden in terms of household food security due to the absence of men—may be the most critical strategy to support community adaptation to crisis and strengthen survival mechanisms, Prendergast concludes.

Some see food aid as a useful input to long-term development initiatives. Smith (1997) maintains that the vulnerable poor need certain simple and locally suited items for food access that can be used directly, independently, and in ways that are under the household's own control. In periods of peak food deficits, they also might benefit from limited supplementary FFW opportunities to help build local infrastructure and relieve survival anxieties that might accompany experimentation with new, more independent routes to food access. The WFP and its partner PVOs in Uganda used FFW projects in this capacity. While large amounts of donated food can invite clientelistic dependency on the immediate sources of aid, if appropriate tools are provided, permitting autonomous agricultural production, Smith argues that the poor will have expanded choices, allowing them to provide for their minimal well-being.

Other analysts assert that a nation's dependency on food aid reflects the failure of past development efforts to be economically or environmentally sustainable. Thus there is growing interest within the development community in using food aid to meet immediate needs and to support development projects aimed at restoring productive capacity. FFW projects such as those supported by the WFP, appear to show that emphasis should be placed on promoting environmental, economic, and social development to make interventions sustainable in the long-term and break the food aid-dependency cycle (Salisbury 1992). However, as noted earlier, some stakeholders in both Kenya and Uganda pointed out that FFW may not be a good choice in the HIV/AIDS context, as PLWHA's are often too

weak to work and families may resort to withdrawing their children from school to work in FFW programs.

Factors Contributing to Sustainability

Many of the factors that Kenyan and Uganda stakeholders identified as contributing to sustainability are discussed in the context of incorporating income-generating activities into food aid programs and developing a clearly delineated and understood exit and/or transition strategies. Beyond these two points, stakeholders also pointed to the importance of: assessing the particular needs and cultural characteristics of a target community, and giving communities the opportunity to identify the type of food and/or other assistance needed, as well as potential beneficiaries and delivery channels. The existence of an overall enabling environment was also cited as important to sustainable action.

Community Capacity Building and Mobilization

Community capacity to respond to the multiple impacts of HIV/AIDS needs to be strengthened. This strategy entails helping communities and households identify and mobilize resources (internal and external), which many NGOs, PVOs, bilateral donors, and IGOs already strive to do as revealed by this PVO's comment: "The way that [we] are building sustainability into our planning efforts and programming is to involve the community in identifying its problems, finding solutions, and designing the projects."

Another PVO respondent identified the need for PVOs and NGOs to conduct a more systematic analysis of needs and assets in communities, and expressed a desire for greater collaboration among organizations:

"Whatever you do in one sector has an effect on another sector. Community members are continuously making choices about allocation of assets and their time—choices that we might not think are rational, but most of the time are very rational. In the end, we need to have a program analysis and a program that takes into account this multidimensional society.

Problem analysis should be multisectoral. That doesn't mean when you go to implementation that you need to address all of those problems: you can't. But we are getting better at linking up with prospective partners who may be good at doing something else...From the ten things you've identified as problems, you might only be able to address two. But the development community must be better at creating links with one another, and that's where the government should come in by pulling partners together in a certain geographic area. With the Title II projects, [another PVO] is working in the same area as us to look at the complementarity of interventions, so in the end you offer a more relevant package to a community. The problems are so big and choices so hard that in the end you need to make it easier for community members by not stepping on one another's toes..."

This comment reflects many of the concepts stressed by stakeholders during interviews in both countries: the need for a multisectoral approach, for greater interaction and cooperation among

assistance organizations, for using food aid and other interventions to build livelihoods and food security, and taking guidance from community members.

Enabling Environment

Several stakeholders referred to the need for governments to provide leadership and an enabling environment that will evoke, nourish, and support community and household coping responses. To achieve this goal, it is helpful to develop effective channels of interaction with government organs at the sub-district and local levels. Kenya has made some progress in this area. At the district level, AIDS coordinating committees chaired by a district commissioner and a committee representing a variety of AIDS actors have been established, but the level of activity of such groups is often constrained by lack of resources.

Although Uganda is also faced with resource shortages, it has been more successful in reaching PLWHAs and AIDS-afflicted and -affected households. The European bilateral PVO that was delivering food until quite recently noted that communication and collaboration is essential at all levels, from the national to the sub-district, in order for food to be successfully delivered to its intended recipients. Food-distribution programs should seek to be transparent, so that problems can be identified and addressed at all levels.

A few years ago Uganda's Joint Clinical Research Center brought together various organizational stakeholders to discuss creating a national nutrition and HIV/AIDS initiative. An interministerial, interagency consultative group was formed under the auspices of the Uganda AIDS Commission, with the purpose of developing a framework and guidelines for effective community interventions utilizing nutrition and HIV/AIDS activities, within an existing poverty-alleviation program. The process offered an opportunity for various government ministries to unite and map out a strategy. However, progress has been slow due to lack of funding. (Adeniyi-Jones 1996).

6. Research Priorities

Stakeholder consultations identified a range of research topics that would be beneficial to inform policies and programmatic decisions related to food security, HIV/AIDS, and the optimal use of available food resources. Because HIV/AIDS involves multiple sectors and there are many, often unpredictable, variables involved multi- and inter-disciplinary research exploring the links between the dynamics of trade (tariffs and taxes), economics, transportation, nutrition, food security, and health would be useful. However, this type of research is difficult, complex, and not easily quantifiable. Other research topics suggested were an assessment of local food availability and nutrition knowledge and research designed to examine the potential for communities to be more self-sufficient in food production.

Qualitative research, participatory action research, and operations research were also deemed useful to examine how HIV/AIDS was impacting various ethnic and geographically remote communities, how they are coping and responding, and how NGOs, bilateral donors, and IGOs could assist communities to build their capacity to mitigate the effects of AIDS. It was suggested that researchers talk directly

with PLWHAs, households, extended families, and communities to obtain this type of information, as reflected in the following comments:

“Talk to PLWHAs to get feedback on what their coping mechanisms are and to identify their food security needs. It might be helpful to evaluate which is more effective, cash or food, at mitigating the adverse effects of AIDS on households.”

“One must study the household to understand what is going on. If they are selling land and you give them food, they will still sell it because what they are looking for is not something to eat but to make sure they survive tomorrow. Whatever you bring into a household, you must understand how it will be allocated...it converts into what the head of the household feels is important....If the head of a household is sick and he sells food for money to pay for his drugs, does that food contribute to food security? These are things that are worrying us, especially [regarding] children, because children will not go to school if the money is allocated for survival instead of school fees. That is why research to understand what goes on with the allocation of food is so important.”

“Qualitative research would be valuable to ask PLWHAs what they need. It should be done in specific areas and not generalized. There is a need for operational research on a small scale.”

“Conduct qualitative research to take stock of NGOs and work through them to get a clear picture of what is going on. Allow people who know the situation well to speak their mind.”

In Kenya, several stakeholders expressed interest in research on the best combination of food and medications to enhance quality of life of PLWHAs, as well as the relationship between specific micronutrients (e.g., vitamin A, zinc) and improving or prolonging survival, as well as reducing maternal to child transmission. A few respondents inquired about the possible role that food aid might play as a weaning food for HIV-positive mothers, especially in urban areas where cows are less accessible to obtain breast milk replacement. However, others felt that it was more important to do research on locally obtained foods used by HIV-positive mothers to wean infants such as sorghum, millet, or crushed fish, and the role of lactation specialists in promoting exclusive breastfeeding to reduce the risk of HIV transmission from mothers to infants.

In Uganda, there was interest in researching the following areas of clinical nutrition, but the Joint Clinical Research Center requires financial support to move forward with this endeavor.

- Malnutrition as a possible cofactor for HIV infection and HIV disease progression
- The effects of micronutrients and parasitic infections such as hookworm on nutrition immunomodulation
- The extent of nutritional deficiencies in different regions (on which little research has been done) before designing nutrition interventions

- The relationship between nutrition and HIV/AIDS, within the context of poverty

Examining the role of traditional healers in HIV disease management and the use of herbs that may have properties to manage symptoms such as diarrhea or herpes was another area of research identified. Some research has begun in this field, looking at potential areas of cooperation and complementarity between traditional and modern healthcare (DeJong 1991). This area warrant special attention, not only due to the lack of human and material resources available to African governments and the high number of AIDS cases, but also because traditional healers have considerable knowledge about the members in a community (DeJong 1991, Chipfakacha 1997).

7. Conclusion and Recommendations

This exploratory research indicates that the HIV/AIDS epidemic impacts the food security of AIDS-afflicted and AIDS-affected households and communities in several ways. For households and communities already vulnerable to transient or chronic food insecurity, HIV/AIDS can exacerbate the situation, causing PLWHAs and their households to engage in coping strategies that entail negative long-term repercussions. Many stakeholders interviewed for this study consider food aid to be an appropriate short-term coping strategy to assist households and communities, as long as it is complemented by other long-term interventions that support sustainable development and self-sufficiency. Apart from this clear preference of the majority of stakeholders, consideration of the full range of potential objectives, target groups, distribution channels, and sources for food aid must be carried out independently in each specific context.

Countries are at different points in responding to HIV/AIDS epidemics. Countries such as Uganda have fostered sensitization within communities to reduce stigmatization and established supportive environments that enable stakeholders to work collaboratively to address HIV prevention and AIDS mitigation activities. Other countries may be at an earlier point in this process, and AIDS stigma may hinder the ability to provide mitigation services. Such differences are relevant because they help interpret the views expressed by stakeholders in this assessment, and because they call attention to the fact that each country is likely to have specific historical and contextual factors that must be considered when deciding whether and how to use food aid in supporting household and community responses to mitigate the impacts of HIV/AIDS. These findings, summarized in the following recommendations, may be useful to inform policies and guide programmatic decisions related to AIDS mitigation in Kenya and Uganda, as well as sub-Saharan Africa and elsewhere.

When Food Aid Is Viewed As A Desirable Input

If a recipient country has decided that food aid is a valuable component of an AIDS mitigation strategy, consideration needs to be given to the objectives the country and donors wish to achieve. Developing a decision tree would be useful to work through the steps of clarifying the objectives, identifying target groups, and determining the distribution channels or modalities and sources of food aid.

The objectives for using food aid within the context of HIV/AIDS may include one or more of the following: (1) to address the biological need for the nutrition support of PLWHAs; (2) to fulfill the ethical or humanitarian desire to provide direct food assistance to PLWHAs and AIDS-afflicted and/or AIDS-affected households that may be destitute as a result of HIV disease; (3) to provide economic support to households directly affected by HIV/AIDS for a specific time period before and after the death of adults, to reduce the occurrence of negative coping strategies and destitution; and (4) as part of a larger comprehensive package of inputs, services, and supports designed to strengthen or restore sustainable livelihood strategies of AIDS-afflicted and AIDS-affected households and communities.

Once objectives have been clearly articulated, it is more likely that resources will be targeted appropriately (e.g., individual PLWHAs, AIDS-afflicted or AIDS-affected households, and hard-hit communities) through a variety of distribution channels or modalities.

- If PLWHAs are the target group, health clinics providing direct medical care, treatment, and services may be the preferred route for distributing prepared meals or food packages the PLWHAs can take home. In this instance, food aid may serve as an incentive for attracting PLWHAs into primary health care and social services.
- If the target group is household care providers who are unable to earn an income because their time and labor is diverted to caring for a PLWHA, FFW projects may be a desirable route for distributing food packages from which the entire household could potentially benefit, presuming that food is equitably distributed within the household.
- If children and orphans of AIDS-afflicted and AIDS-affected households are the target group, supplemental feeding programs at schools or vocational programs geared toward street orphans (who may not attend school) may be a more effective route of delivering food aid.

After distribution channels or modalities have been clearly laid out, then the combination of food aid sources can be identified (e.g., community, national, or external bilateral/multilateral).

Also important are initiatives that foster collaboration, maximize community mobilization and participation, and have built-in mechanisms to promote sustainability. These considerations are elaborated in the recommendations below.

Targeting Resources

- Given that AIDS mitigation has not received the attention it deserves, GOs, IGOs, bilateral donor organizations, PVOs, NGOs, and ASOs should assess how internal and external resources could be balanced between HIV prevention and AIDS mitigation activities.
- Donor agencies should provide NGOs and ASOs with greater flexibility to allow the criteria and mode of distribution for external material assistance, such as food aid, to be established locally

based on specific community assessments of needs, assets, and coping mechanisms in response to HIV/AIDS.

- Donor regulations should be flexible enough to target food aid for both humanitarian and sustainable development purposes. For instance, the Vulnerability, Analysis, and Mapping Unit of the WFP regional office in Nairobi could consider including HIV prevalence as an additional indicator to improve the targeting of food aid.
- In communities where AIDS stigma is low, PVOs, NGOs, and ASOs can work in partnership with local leaders to identify the most vulnerable groups to benefit from available local food resources supplemented by external food aid, and link the food with other programs and services such as home- or clinic-based health care, institutional feeding, or visits to ASOs or NGOs.
- In communities where AIDS stigma prevails, which can lead to discrimination and violence toward PLWHAs and their households, PVOs, NGOs, and ASOs may consider using data-based proxy indicators to target food aid resources. Targeting to a broader population may produce unintended consequences.
- Donors, NGOs, and ASOs should consider the feasibility of distributing food to vulnerable groups whose survival is at immediate risk, such as child-headed families, children living with elderly grandparents or adults unable to provide for their needs, and orphaned children living on the street.
- Special attention should be directed to addressing women's issues at the program planning, management, and implementation levels. Targeting food aid and initiatives such as IGAs/IGPs and vocational programs to women and adolescent girls will help diversify their skills and enhance their economic potential in light of the impacts of HIV/AIDS. Targeting should be designed to encourage families not to withdraw young girls from school.
- Criteria should be established for the short- and medium-term targeting of food aid, as well as its phasing out, which should be complemented with other activities. Recipients need to be well-informed regarding a program's exit and/or transition strategies.

Collaboration

- Even in countries at different stages in responding to the HIV/AIDS epidemic, the activities of GOs, IGOs, bilateral donor organizations, PVOs, NGOs, and ASOs could benefit from closer collaboration between projects and programs in the areas of food security, HIV/AIDS, and poverty alleviation at country and regional levels. For a variety of reasons, vertical, issue-based programming currently appears to prevail over multisectoral planning and programming in similar geographic settings. Participatory workshops and conferences that bring stakeholders together from a variety of disciplines and sectors may be a valuable early step. The urgency of the HIV/AIDS epidemic may create special opportunities for overcoming some of the long-standing barriers to collaboration.

Community Mobilization and Participation

- Food aid can improve the quality of diets of PLWHAs and their household members and help them to remain productive and active members of their communities. However, in light of the complexities involved with designing appropriate uses of food aid, members of AIDS-afflicted and AIDS-affected households should be encouraged (and provided with incentives) to serve on local, district, or sub-district committees addressing the food and livelihood-security needs of households and communities in the context of HIV/AIDS. They can help determine how food aid can complement local food sources for AIDS mitigation. Special efforts should be made to encourage involvement by PLWHAs.
- Using food as an incentive to attract and retain program volunteers who are not HIV positive should be approached with caution. Instead, non-food incentives (agricultural implements, animals, bicycles) are believed by some stakeholders to reduce the likelihood of dependency and promote sustainability more effectively than food aid. Limited supplementary FFW projects might be useful to build local infrastructure and enhance food access for the poorest community members.

Sustainability

- Assistance by IGOs, GOs, and PVOs to local NGOs and ASOs is required to help communities create, manage, monitor, and evaluate IGAs/IGPs. The likelihood of savings may improve when the following considerations are taken into account: IGAs/IGPs are targeted to healthy members of AIDS-afflicted or AIDS-affected households; sufficient start-up capital is provided; a management team oversees the distribution of funds; recipients receive adequate business and money management skills; clarity from the beginning about the implementing agency's approach to loan recovery; and encouraging the diversification of food-related IGAs/IGPs.
- Exit and/or transition strategies} for food aid in HIV/AIDS programs should be identified from the beginning. For this to occur, other programs need to be integrated or built around the food security and HIV/AIDS programs in a manner that contributes to the self-sufficiency of households and communities and the sustainability on interventions. This approach calls for extensive and innovative collaboration among partners from a variety of sectors (development, education, HIV/AIDS, food security).
- Simple and culturally appropriate food and nutrition guidelines that are sustainable in resource-poor countries should be developed, providing recipes using locally available and/or donated foods. Nutrition education and counseling is deemed by PLWHAs and households to be a useful complement to food aid.

Research and Evaluation

- Evaluation needs to be incorporated into the first generation of efforts of integrated HIV/AIDS and food security programs to enhance the empirical knowledge base regarding factors that may hinder, or contribute to the success of, short-term food aid programs coupled with other long-term interventions.
- Data collected for U.S. Title II PL 480 projects can be used to assist policymakers understand trends in HIV/AIDS impacts. Existing data could be complemented by other types of data that enhances knowledge of the impacts of HIV/AIDS on a variety of sectors such as health, agriculture, and education.
- More research on household and community coping mechanisms in response to HIV/AIDS, including differences between rural and urban coping strategies, would better inform the rationale and modalities for use of food aid. At present it is difficult to distinguish which coping strategy is employed in any given situation. Mitigation efforts in the early stages of HIV/AIDS might involve helping parents to pay school fees and providing supplementary food to the household. At later stages, food aid may not play a vital role. It is also not currently known whether urban and rural dwellers have different priorities regarding food aid.

When Food Aid Is Not Viewed As A Desirable Input

In some circumstances the introduction of food aid as a component of an AIDS mitigation strategy may be perceived to be counterproductive, to undermine household and community coping responses, and to promote dependency. In such instances it is important to determine the basis for such views, which may include direct negative experience, concern about political repercussions, perceived conflict with existing institutional mandates, and/or lack of experience or concern with HIV/AIDS.

Depending on the reasons for resistance, it may be useful to enhance the awareness of key stakeholders in the following areas to encourage informed decisionmaking:

- The impact of HIV/AIDS in their countries, specific regions, and communities
- Existing knowledge and research about household and community coping strategies in response to HIV/AIDS
- The range of examples of how other communities and countries are designing and implementing AIDS mitigation strategies
- Alternatives to enhancing food security without using food aid
- The anticipated outcomes and consequences for AIDS-afflicted and AIDS-affected households and communities if external food aid is not provided, even when complemented by other inputs that may support sustainable development
- Clarification that food aid is not a single type of intervention with uniformly positive or negative effects, and recognition of the need to identify specific rationales, target groups, distribution channels, sources of food, and other design choices in a given setting.

Providing such information may help to overcome the tendency to reject food aid based on general references to “dependency” or “lack of sustainability,” which often are based on only partial consideration of the range of possibilities and experiences.

In conclusion, this report indicates that food aid may play a key role in the AIDS mitigation process in some circumstances, if the situations in which it is to be used are clarified. Clarification will involve establishing criteria or indicators for targeting food aid, determining the most effective delivery mechanisms, defining appropriate time frames, comprehensive planning, and determining when external aid or local purchases are most advantageous. Moreover, it is more likely to contribute to sustainability if food aid is part of a larger development effort, properly targeted, planned with community participation, and thus based on local needs and customs, and accompanied by clear exit and/or transition strategies.

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APPENDIX I

Methodology

Study Sites and Sampling

In June 1999, initial discussions were held with Academy for Educational Development staff and several international PVOs or NGOs in Washington, D.C. and Baltimore, Maryland. Continuing communications provided a venue for these organizational stakeholders to share ideas and feedback that shaped the content and direction of this exploratory research. Subsequently, for four weeks during July and August 1999, consultations were carried out in Nairobi, Kenya, and Kampala, Uganda, with 43 informants, representing the perspectives of 27 organizations involved either with food security, HIV/AIDS, or poverty alleviation activities. In Kenya, 20 stakeholders representing 10 different organizations were consulted. In Uganda, 23 stakeholders representing 17 different organizations were interviewed.

A convenience snowball sampling technique¹ was used to identify key informants from government organizations (GOs), bilateral donor and intergovernment organizations (IGOs), indigenous nongovernment organizations (NGOs) and AIDS service organizations (ASOs), international private voluntary organizations (PVOs), and other relevant groups or individuals to obtain a broad range of viewpoints regarding the issues explored. The agencies and organizations that were consulted are listed in tables 1 and 2.

Description of Respondents

The research relied on a semi-structured, open-ended, qualitative interview theme guide (reproduced below) to elicit diverse views about the potential benefits, concerns, constraints, and opportunities associated with various programmatic options for using food aid to support the coping strategies of AIDS-afflicted and AIDS-affected communities and households. The interviews were guided by the respondents' organizational interests, professional knowledge and activities, and field-based and personal experiences.

In some instances, stakeholders did not have an opinion or were reluctant to share one, due to lack of knowledge or experience in a given area. Most respondents worked primarily on either food security, HIV/AIDS, or poverty alleviation; only a few focused on all of these issues in an integrated way. In

¹ Qualitative research usually works with small samples of respondents studied in-depth and within a context, unlike quantitative research which aims for less detailed analysis of larger numbers of cases for hypothesis testing and other purposes. This type of sampling technique evolves once the fieldwork begins. Initial key informants identify new informants (hence "snowball") who are available and willing to be interviewed in the time frame of the research (thus "convenience") in order to seek out the most diverse range of perspectives on the issues being studied (Miles and Hubberman 1994).

general, there appeared to be greater integration of HIV/AIDS and food security activities among programs and projects in Uganda than in Kenya.

The organizational stakeholders interviewed engage in a range of activities: including HIV prevention and AIDS mitigation services such as counseling, testing, training, support, and medical or palliative treatment; promoting projects to enhance food security, poverty alleviation, water and sanitation, and sustainable development; and supporting networking and capacity building of other NGOs. Many regional offices (United Nations Children's Fund, World Food Programme, and Catholic Relief Services) are based in Kenya, so stakeholders representing both regional and national perspectives were consulted. Uganda houses only country offices. Most of the NGOs and PVOs interviewed worked in certain regions or several districts within each country, but not nationally.

This research was intended to be exploratory, rather than comprehensive. The timeframe for identifying and contacting interviewees was compressed, and some stakeholders contacted were not available during this period. Additionally, some stakeholders with experience in different areas relevant to the study were not referred to the researcher in time for an interview because the snowball sampling process was not exhaustive.²

In Uganda, consultations with GOs were facilitated by the Uganda AIDS Commission, which is responsible for coordinating and implementing a broad multisectoral HIV/AIDS strategy with at least 12 ministries. The Ministry of Health was contacted but a consultation could not be arranged. A brief telephone conversation was held with the CARE International country director, but this PVO was not directly involved in either food security or HIV/AIDS programming so an in-depth consultation was not conducted. Other organizations not reached were Plan International which is spearheading an AIDS orphans project, and UNICEF's Uganda Country Office.

Interview Themes, Data Collection Methods and Analysis

The interview themes explored stakeholders' knowledge, perceptions, and field-based experiences regarding the potential benefits, concerns, constraints, and opportunities associated with various programmatic options using food aid to support the coping strategies of AIDS-afflicted and AIDS-affected communities and households. The following areas were covered:

- Relationship between HIV/AIDS and food security
- Household and community coping strategies to mitigate the impact of HIV/AIDS
- Organization activities related to food security and HIV/AIDS

² Several organizations were discovered at the end of the fieldwork that should be contacted in any follow-up to this study. These include Pathfinders International (which recently received a grant from FHI and USAID to conduct an HIV/AIDS assessment in several districts, including an examination of food security issues) and Population Communication Africa, which conducted the recently published study of adolescent orphans from Rusinga Island. Several PLWHA contacts were also received too late for follow-up, as were those of two anti-hunger NGOs working with PLWHAs in Kenya, the Kenya Food and Nutrition Action Network and the Kenya Freedom from Hunger Council. Sampling is crucial for the subsequent analysis. The available sample places limits on the conclusions drawn from the research (Miles and Hubberman 1994).

- Knowledge of current uses of available food resources (e.g., local food, direct distribution of external food aid, monetized food aid) and food utilization by PLWHAs
- Identifying and targeting vulnerable groups
- Relevance of and potential for food aid to assist AIDS-afflicted and -affected households and communities to cope with the impacts of HIV/AIDS
- Research priorities related to HIV/AIDS, food security, and/or food aid
- Miscellaneous issues raised by the respondents.

Cross-cutting themes were identified for all of the interviews, which were consolidated into specific categories. The original transcriptions and/or field notes were reviewed twice and data was organized by category. When themes overlapped and meaning might be compromised by separating the data, a theme was included in more than one category.

This report summarizes the findings based on three main sources of information: interviews, content analysis of pertinent documents obtained from stakeholders, and an extensive literature review. It was hoped that a fourth data source could be tapped—field-based observations of selected programs or projects, but time did not permit this technique to be utilized extensively. In Kenya, no field-based observation was conducted, and in Uganda, it was limited to a health clinic affiliated with The AIDS Support Organization (TASO), where the researcher consulted with a small group of PLWHAs.

Table 1: Stakeholder Consultations in Nairobi, Kenya
(July 26-August 6, 1999)

<i>Government Organizations</i>	<i>Bilateral/Donor Intergovernment Organizations</i>	<i>Indigenous Nongovernment HIV/AIDS Organizations</i>	<i>International Private Voluntary Organizations</i>
Ministry of Health***	UNAIDS*	Kenya AIDS NGOs Consortium	Cooperative for Assistance and Relief Everywhere (CARE) *
Ministry of Home*** Affairs and National Heritage, Culture and Social Services	UNICEF*, **	Network of African People Living with HIV/AIDS*, **	Catholic Relief Services*, **
National AIDS and STDs Control Programme***	WFP**		World Vision Kenya*
	USAID Mission*, **		Family Health International**

Table 2: Stakeholder Consultations in Kampala, Uganda
(August 9-August 20, 1999)

<i>Government Organizations</i>	<i>Bilateral Donor/ Intergovernment Organizations</i>	<i>Indigenous Nongovernment HIV/AIDS Organizations</i>	<i>International Private Voluntary Organizations</i>	<i>Others</i>
Ministry of Gender, Labour, and Social Development*	UNAIDS*	National Community of Women Living with AIDS*	International Care and Relief*	Joint Clinical Research Center*
Ministry of Agriculture, Food, and Fisheries*	UNDP*	AIDS Information Center*	Catholic Relief Services Uganda*	Uganda Change Agents*
Ministry of Water, Lands, and Environment*	WFP*	The AIDS Support Organization*	World Vision Uganda*	
Uganda AIDS Commission Secretariat*	USAID Mission*		Cooperative for Assistance and Relief Everywhere (CARE) ****	
Ministry of Health***	UNICEF***			

Staff at organizations in bold were interviewed

* Country office

** Regional office

*** Attempted telephone contact

**** Brief telephone conversation, no in-depth interview

Interview Themes

The thematic categories shown below are illustrative. The actual framing, phrasing, sequencing, and content were decided in the course of the interview or site visit, and revised based on new information obtained during the interview process.

I. Food Security and HIV/AIDS

The AIDS pandemic is described as having far-reaching impacts on the economic and social fabric of hard-hit regions such as sub-Saharan Africa.

- Gain an understanding of how the interviewee thinks about the various aspects of food security (e.g., availability, access, utilization), including the health and nutrition impacts on individuals
- Perceptions of the *direct* and *indirect* links between food security and HIV/AIDS
- Obtain examples of how AIDS-afflicted and -affected households and communities are coping with the impacts of HIV/AIDS
- Types of planning or activities the interviewee (or organization) engages in to respond to the food security or other needs of vulnerable groups as a result of HIV/AIDS
 - Organization's comparative advantage and areas of weakness in responding to HIV/AIDS and/or food security
 - Other organizations or groups with which the interviewee collaborates, and how they relate to one another in responding to the needs of households and communities affected by HIV/AIDS
 - How activities are linked to food aid
 - Factors to consider when deciding how to prioritize or target vulnerable groups to receive services (e.g., household size, composition such as female- or adolescent-headed, widows, orphans), and when to target AIDS-afflicted and -affected households over those not impacted by HIV/AIDS in areas where food insecurity prevails

II. Food Aid and HIV/AIDS

- Is food aid a relevant strategy to help households and communities cope?
- How is food aid currently being used in short-term and long-term planning (e.g., food baskets serving as income transfer, food-for-work programs, school feeding programs, educational programming, small enterprise micro-credit programs) to promote food security among vulnerable groups?
 - How are interviewees or organizations building sustainability into planning efforts and program activities?

- Identify opportunities and constraints influencing the operation of food aid distribution (e.g., monitoring, storage, transportation)
- Identify adverse effects or unintended consequences of providing food aid to households or communities, and indicate how programs or projects could be designed to minimize these effects or consequences

III. Monetization of Food Aid

USAID and the WFP have certain guidelines concerning how much food can be monetized and in what form it should be used (e.g., bulk versus processed/packaged).

- Under ideal circumstances, identify the most effective combination of food distribution and monetization to respond to the needs of vulnerable groups affected by HIV/AIDS
- Taking into account these guidelines, how does the organization set priorities and what can be realistically accomplished in the typical timeframe of a food aid program?
- What steps is the interviewee/organization taking to move closer to ideal circumstances?

IV. Miscellaneous

- What types of applied research and/or project evaluations would be useful to help inform decisions related to food security, HIV/AIDS, and food aid in sub-Saharan Africa?
- Identify other issues related to food security, AIDS, and food aid in sub-Saharan Africa that are important but have not been raised during this interview

Acronyms

AED	Academy for Educational Development
AIDS	Acquired immune deficiency syndrome
AMREF	African Medical and Research Foundation
ASO	AIDS service organization
CRS	Catholic Relief Services
CARE	Cooperative for Assistance and Relief Everywhere
FANTA	Food and Nutrition Technical Assistance Project
FAO/GIEWS	Food and Agriculture Organization/Global Information and Early Warning System on Food and Agriculture (UN)
FFW	Food-for-work projects
FHI	Family Health International
GOK	Government of Kenya
GO	Government organization
GTZ	German Technical Cooperation/Deutsche Gesellschaft für Technische Zusammenarbeit
HIV	Human immunodeficiency virus
IDP	Internally displaced person/people
IGA	Income-generating activity
IGO	Intergovernmental organization
IGP	Income-generating project
KANCO	Kenya AIDS NGO Consortium
NASCOP	National AIDS and STDs Control Program
NGO	Non- governmental organization
ODA	Overseas Development Administration
OI	Opportunistic infection
PC	Population Council
PLWHA	Person/people living with HIV/AIDS
PVO	Private voluntary organization
TASO	The AIDS Support Organization
TB	Tuberculosis
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNICEF/KCO	United Nations Children's Fund/Kenya Country Office
USAID	U.S. Agency for International Development
U.S. Title II PL 480	U.S. Title II of Agricultural Trade Development and Assistance Act of 1954 Public Law 480
WFP	World Food Program(UN)
WHO	World Health Organization (UN)